

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/840269

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/					51		/				
3							52		/				
4	cancel						53	/					
5	/						54		/				
6		/					55		/				
7		/					56		/				
8	/						57	/					
9		/					58		/				
10		/					59		/				
11		/					60	/					
12		/					61	/					
13		/					62						
14	/						63						
15		/					64						
16		/					65						
17	/						66						
18		/					67						
19		/					68						
20	/						69						
21		/					70						
22		/					71						
23	/						72						
24	cancel						73						
25		/					74						
26		/					75						
27	/						76						
28		/					77						
29		/					78						
30		/					79						
31		/					80						
32		/					81						
33	/						82						
34		/					83						
35		/					84						
36	/						85						
37		/					86						
38		/					87						
39	/						88						
40		/					89						
41		/					90						
42	/						91						
43		/					92						
44		/					93						
45		/					94						
46		/					95						
47	/						96						
48		/					97						
49		/					98						
50	/						99						
TOTAL IND.	18						100						
TOTAL DEP.	41						TOTAL IND.						
TOTAL CLAIMS	59						TOTAL DEP.						
							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS